

# Work Order ID 135527

Wednesday, August 12, 2015 4:32:19 PM

**\*135527\***

Page 1

Item ID: D3121-23 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Bearing <sup>100</sup> <sup>100</sup>  
 Start Date: 8/12/15 Start Qty: ~~25.00~~ **\*25\*** Cust Item ID:  
 Required Date: 8/12/15 Req'd Qty: ~~25.00~~ **\*25\*** Customer:  
 Reference:

Approvals: Process Plan: MLS Date AUG 17 2015 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D3121                          | Rev E                    |                      |         |        |              |               |               |                  |                |

100 PURCHASING 0.00  
**\*100\***  
 Purchasing Memo 0.00  
 Purchasing Issue P/O: 29482 Bearing as per Dwg D3121 Possible Supplier:  
 SKF P/N: 61900-2Z or KML P/N: 6900-2Z Material release note is required  
CZ AUG 17 2015 100

110 Receive & Inspect for Damage & Mat'l Certs 0.00  
**\*110\***  
 Packaging Memo 0.01  
 Packaging Ensure Material Release Note is attached  
100x SP15-ES-18

120 QC6- Inspect dimensions to drawing 0.00  
**\*120\***  
 QC Memo 0.00  
 Quality Control Inspect diimensions as per Dwg D3121 and attached certification Dwg Rev \_\_\_\_\_  
100 DAS 38 9-89  
AUG 18 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QS1042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Work Order ID 135527

Wednesday, August 12, 2015 4:32:19 PM

**\*135527\***

Page 2

Item ID: D3121-23 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Bearing  
Start Date: 8/12/15 Start Qty: 25.00 **\*25\*** Cust Item ID:  
Required Date: 8/12/15 Req'd Qty: 25.00 **\*25\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | Identify as per dwg & Stock Location: <u>ST018</u> | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                               | 0.00                 | DAS     | 26     |              | (100)         | JA            | AUG 20 2015      |                |
| Packaging                      |                                                    |                      | 9-89    |        |              |               |               |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                               | 0.04                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                |

MW AUG 19 2015  
**20150819 SH**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Picklist Print

Wednesday, August 12, 2015 4:32:18 PM

Page 1

Work Order ID: 135527

**\*135527\***

Parent Item: D3121-23

**\*D3121-23\***

Parent Item Name: Bearing

Start Date: 8/12/15

Required Date: 8/12/15

Start Qty: 25.00

Required Qty: 25.00

Comments: IPP A: 04.02.19 New Issue KJ/DS  
IPP Rev:B ECN 1060 07-11-12 DD verified by:EC

| Component Item ID/<br>Item Name      | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty               | Qty<br>Issued | Date<br>Issued | Status |
|--------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|----------------------------|---------------|----------------|--------|
| 6900ZZ<br><b>*690077*</b><br>Bearing |                        | Purchased     |             | No                  |                  | 100             | Each               | 0.0000         | 1           | 25/100<br>100 X 8015-08-18 |               |                |        |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

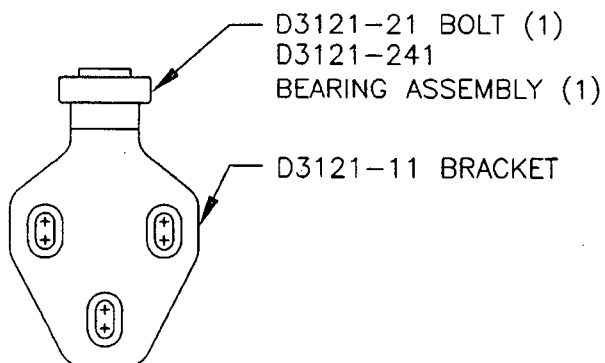
Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |

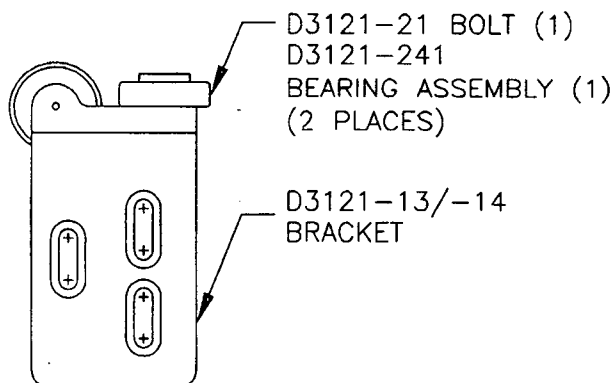


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| DATE<br>07.11.07 |                | TITLE<br>BRACKET ASSEMBLY                                           | SCALE<br>1:2            |
| A                | 02.04.15       | NEW ISSUE                                                           |                         |
| B                | 03.01.16       | ADD RIDGES; ADD MAT'L PROP; FIX P/N<br>ADD -141/-143/-144/-145/-146 |                         |
| C                | 04.02.17       | ADD CLEARANCE; USE -241 BEARING                                     |                         |
| D                | 06.05.17       | D3121-25 CAP WAS 1.024, NOW 1.000                                   |                         |
| E                | 07.11.07       | ADD TOLERANCE TO 0.032 (DETAIL B)                                   |                         |

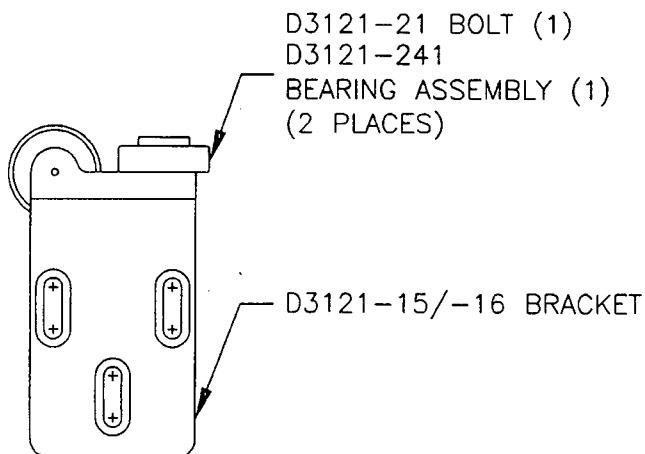
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07.11.07



**D3121-041 BRACKET ASSEMBLY**  
(REPLACES PREMIER P/N B30-23000-33)



**D3121-043 (SHOWN) / D3121-044 (OPPOSITE)  
BRACKET ASSEMBLY**  
(REPLACES PREMIER P/N B30-23000-37/-38)



**D3121-045 (SHOWN) / D3121-046 (OPPOSITE)  
BRACKET ASSEMBLY**  
(REPLACES PREMIER P/N B30-23000-35/-36)

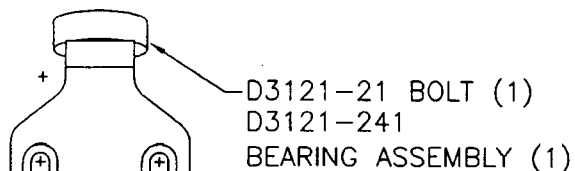
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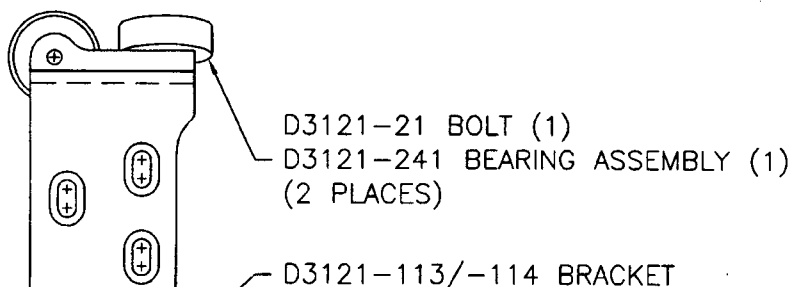
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| DATE<br>07.11.07 |                | TITLE<br>BRACKET ASSEMBLY                         | SCALE<br>1:2            |



D3121-111 BRACKET

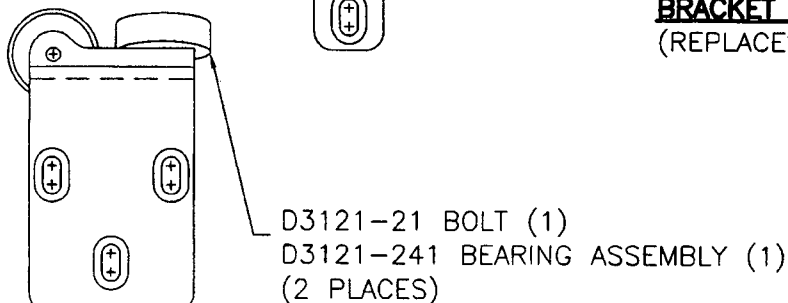
**D3121-141 BRACKET ASSEMBLY**  
(REPLACES PREMIER P/N B30-23001-01)

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D3121-113/-114 BRACKET

**D3121-143 (SHOWN) / D3121-144 (OPPOSITE) BRACKET ASSEMBLY**  
(REPLACES PREMIER P/N B30-23000-03/-04)



D3121-115/-116 BRACKET

**D3121-145 (SHOWN) / D3121-146 (OPPOSITE) BRACKET ASSEMBLY**  
(REPLACES PREMIER P/N B30-23000-05/-06)

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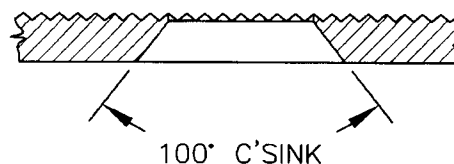
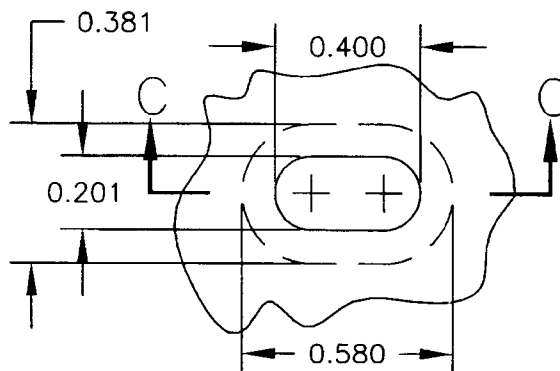
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| DATE<br>07.11.07 |                | TITLE<br>BRACKET ASSEMBLY                         | SCALE<br>1:1            |

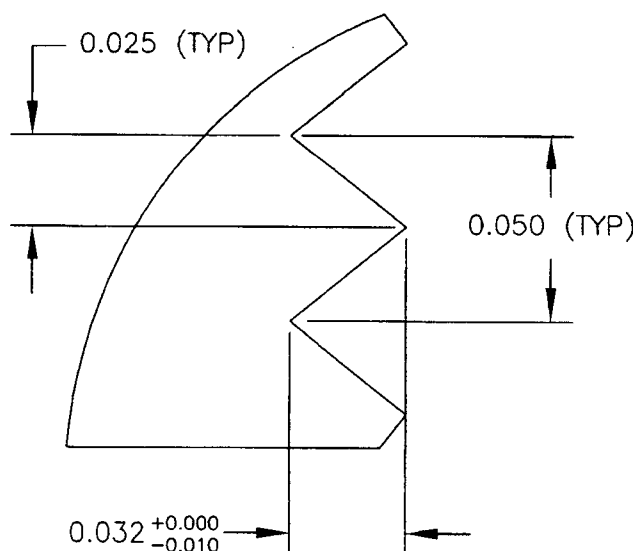
**DETAIL A:**  
**SLOT DETAIL**  
SCALE 2:1  
VIEW ROTATED



**SECTION**  
**C-C**

**RELEASED**  
07.11.07

**DETAIL B:**  
**RIDGE DETAIL**  
PARTIAL SECTION  
SCALE 1:20

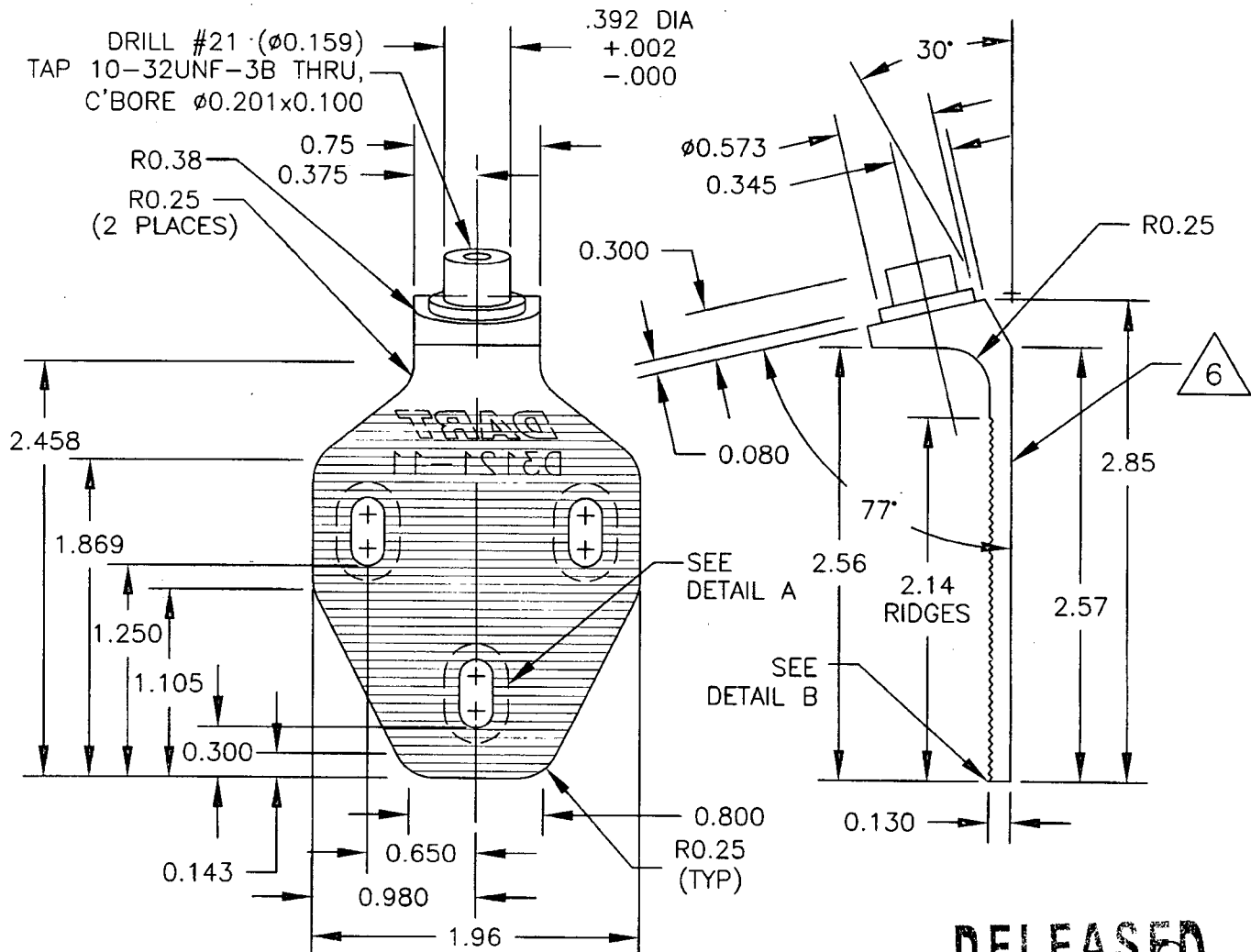


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| DATE<br>07.11.07 |                | TITLE<br>BRACKET ASSEMBLY                         | SCALE<br>1:1            |

**RELEASED**  
07.11.07**D3121-11 BRACKET**

- 1) MATERIAL: 17-4 SS PER AMS 5604/5643 (REF DART SPEC. M17-4-B)  
MIN ULTIMATE TENSILE = 150 ksi  
MIN YIELD TENSILE = 100 ksi
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) BREAK ALL SHARP EDGES 0.005 TO 0.015
- 5) ENGRAVE DART P/N & LOGO AS SHOWN
- 6) HOLE IN SPIGOT TO BE CONCENTRIC WITHIN 0.005

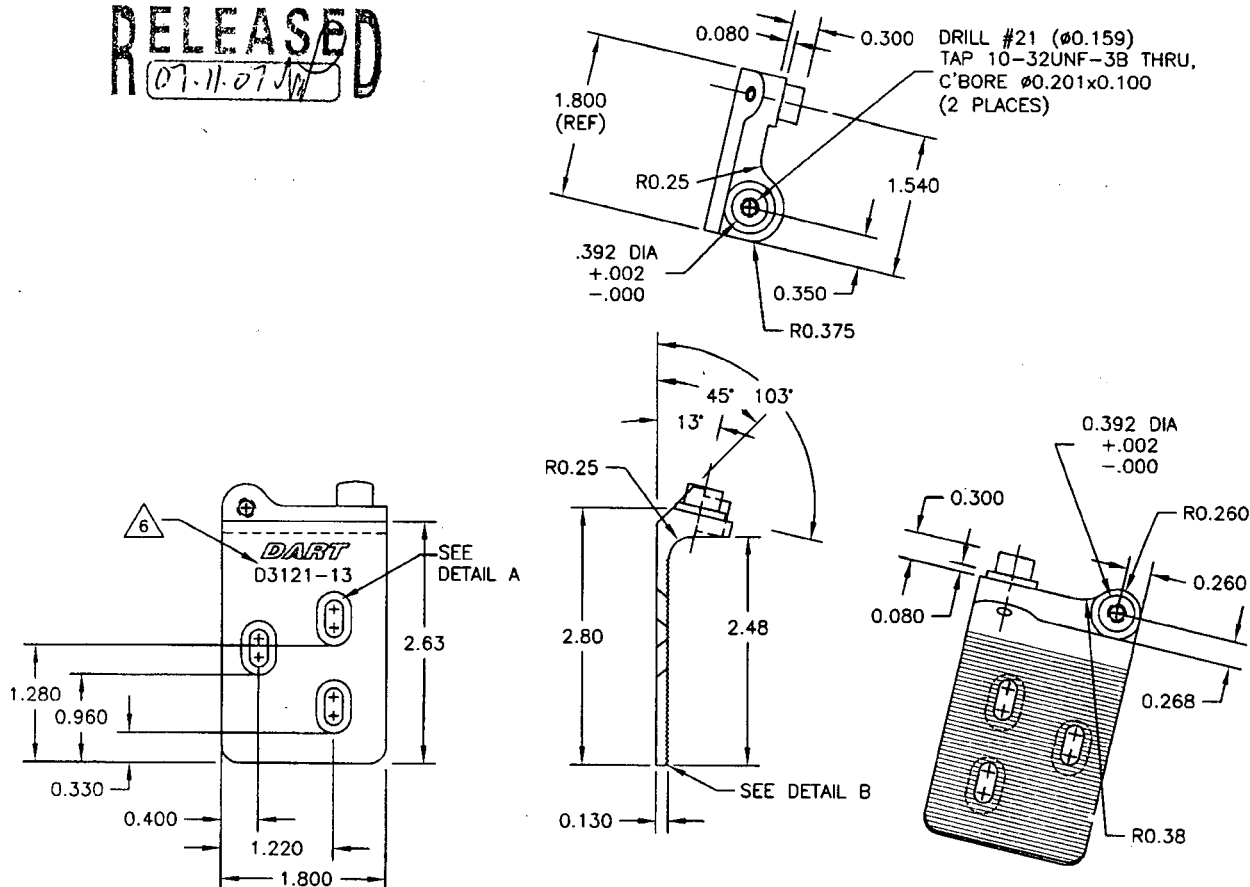
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| DATE<br>07.11.07 |                | TITLE<br>BRACKET ASSEMBLY                         | SCALE<br>1:2            |

RELEASED  
07.11.07



**D3121-13 BRACKET (SHOWN)**  
**D3121-14 BRACKET (OPPOSITE)**

- 1) MATERIAL: 17-4 SS PER AMS 5604/5643 (REF DART SPEC. M17-4-B)  
MIN ULTIMATE TENSILE STRENGTH = 150 ksi  
MIN YIELD TENSILE STRENGTH = 100 ksi
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) BREAK ALL SHARP EDGES 0.005 TO 0.015
- 5) ENGRAVE DART P/N & LOGO AS SHOWN
- 6) HOLE IN SPIGOT TO BE CONCENTRIC WITHIN 0.005

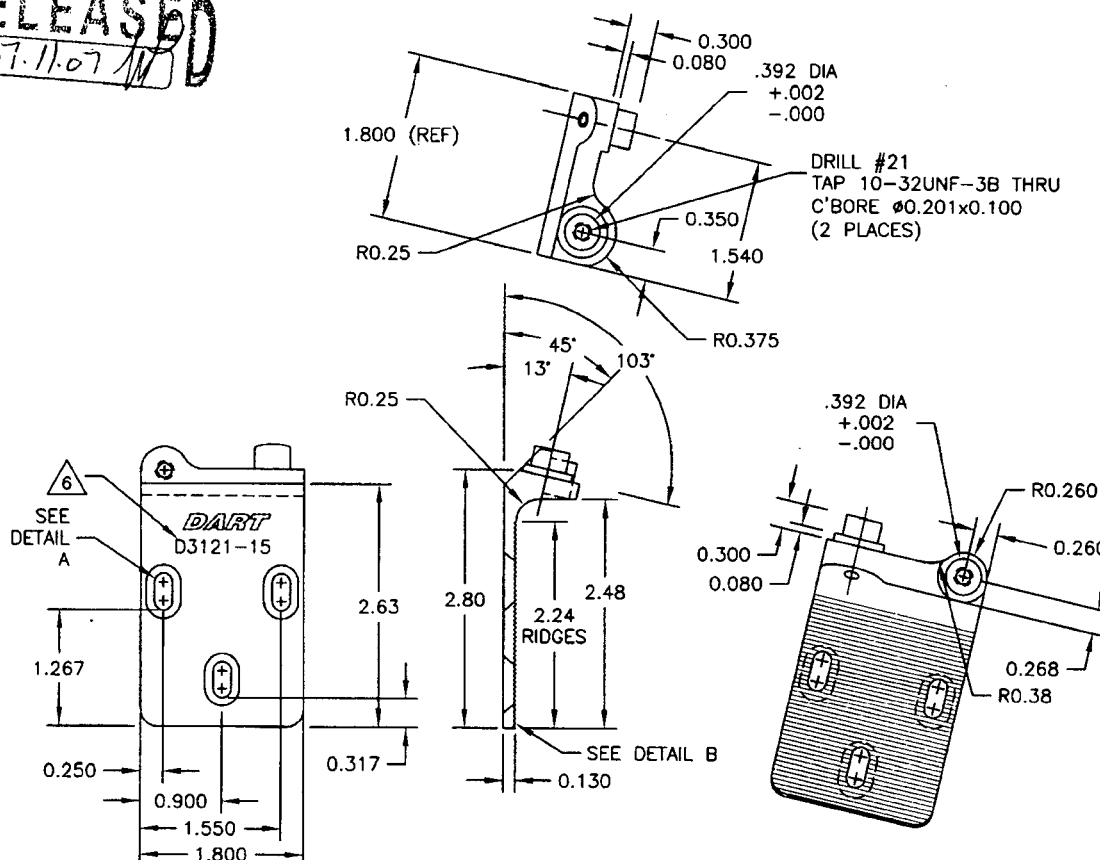
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| DATE<br>07.11.07 |                | TITLE<br>BRACKET ASSEMBLY                         | SCALE<br>1:2            |

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07.11.07



**D3121-15 BRACKET (SHOWN)**

**D3121-16 BRACKET (OPPOSITE)**

- 1) MATERIAL: 17-4 SS PER AMS 5604/5643 (REF DART SPEC. M17-4-B)  
MIN ULTIMATE TENSILE = 150 ksi  
MIN YIELD TENSILE = 100 ksi
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) BREAK ALL SHARP EDGES 0.005 TO 0.015
- 5) ENGRAVE DART P/N AND LOGO AS SHOWN
- 6) HOLE IN SPIGOT TO BE CONCENTRIC WITHIN 0.005

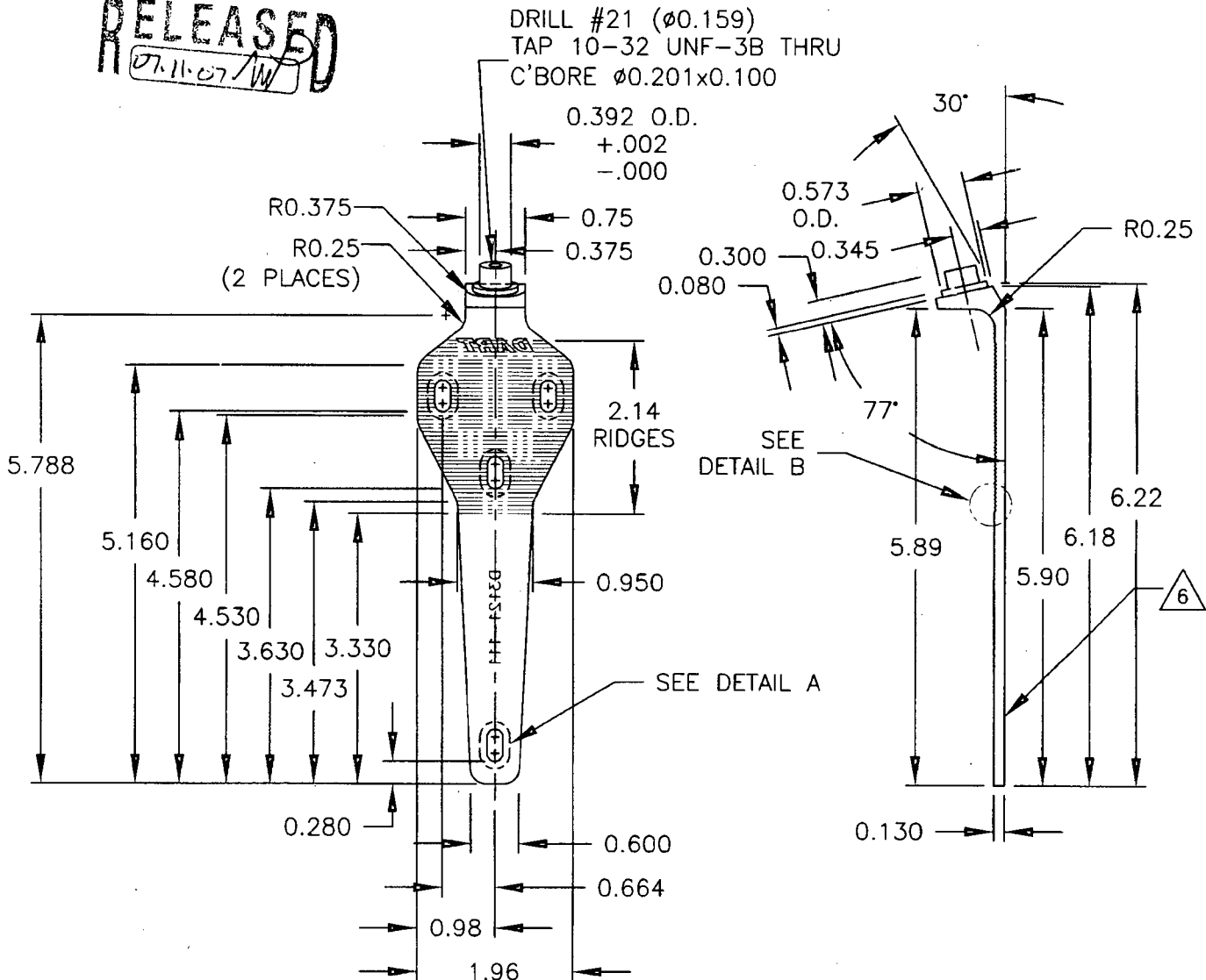
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| DATE<br>07.11.07 |                | TITLE<br>BRACKET ASSEMBLY                         | SCALE<br>1:2            |

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#### D3121-111 BRACKET

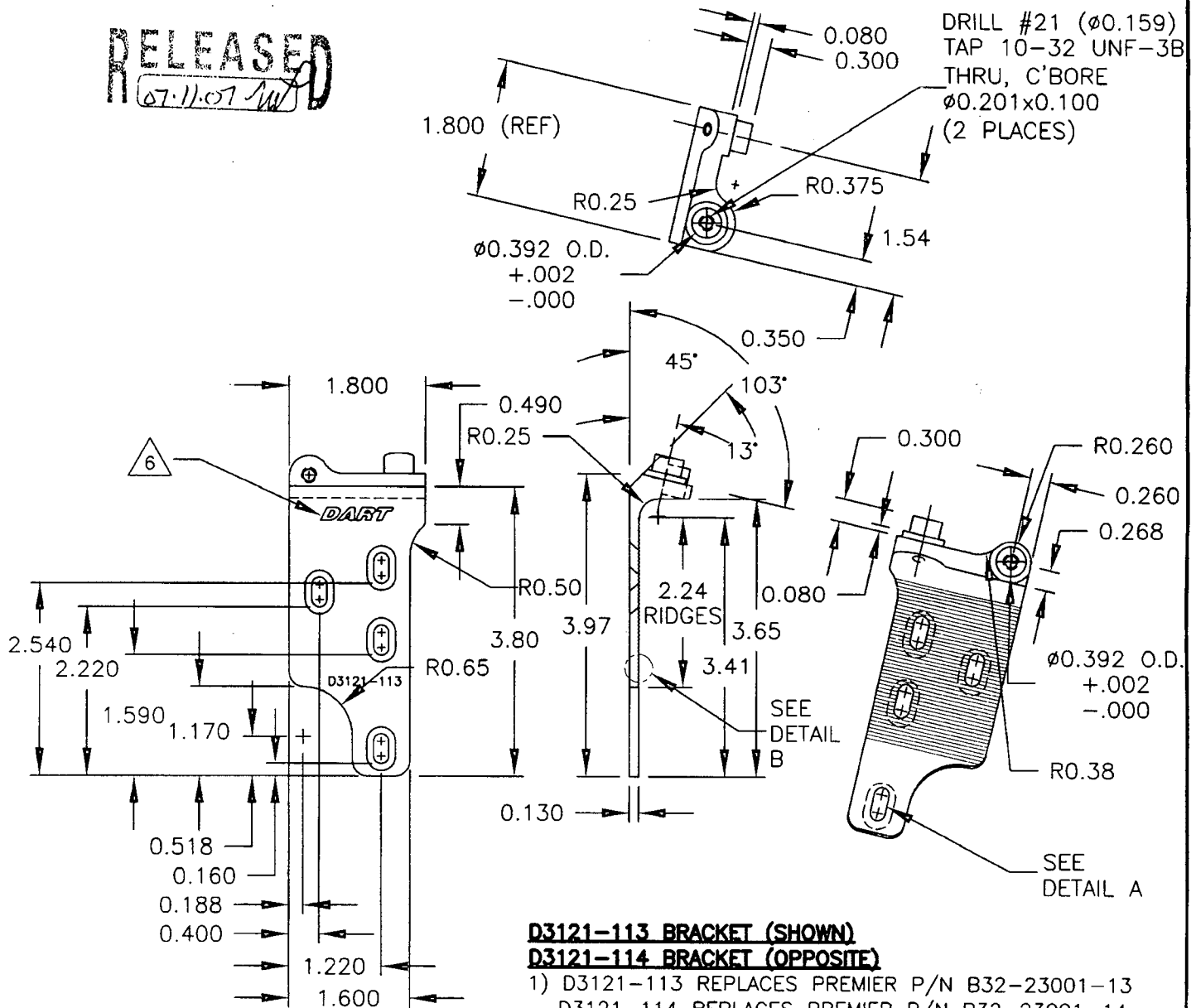
- 1) REPLACES PREMIER P/N B32-23001-11
- 2) MATERIAL: 17-4 SS PER AMS 5604/5643 (REF DART SPEC. M17-4-B)  
MIN ULTIMATE TENSILE = 150 ksi  
MIN YIELD TENSILE = 100 ksi
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.015
- 6) ENGRAVE DART P/N & LOGO IN AREAS SHOWN
- 7) HOLE IN SPIGOT TO BE CONCENTRIC WITHIN 0.005

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| DATE<br>07.11.07                                                                             |                                                                                               | TITLE<br>BRACKET ASSEMBLY                         | SCALE<br>1:2            |

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D3121-113 BRACKET (SHOWN)  
D3121-114 BRACKET (OPPOSITE)

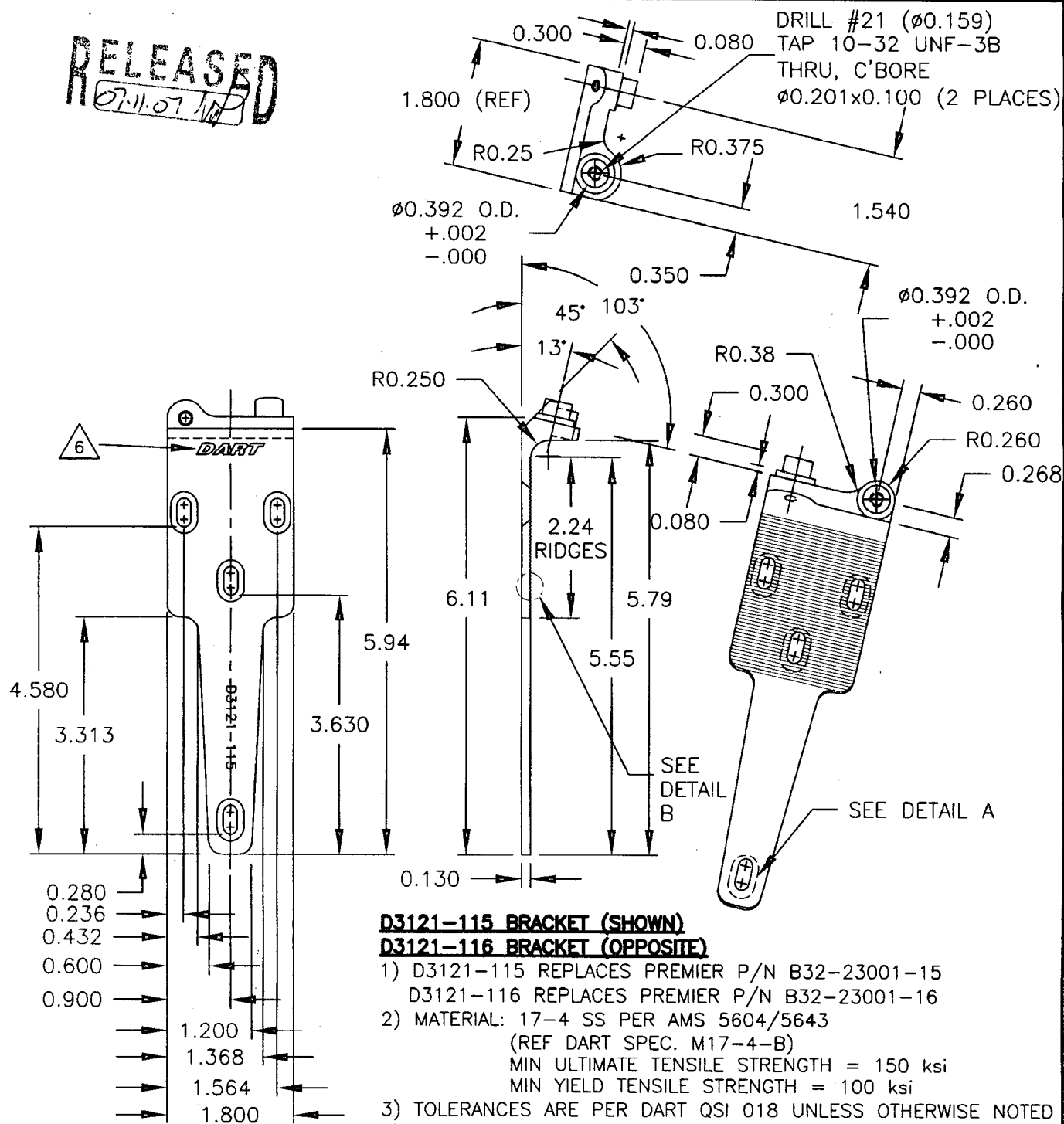
- 1) D3121-113 REPLACES PREMIER P/N B32-23001-13  
D3121-114 REPLACES PREMIER P/N B32-23001-14
- 2) MATERIAL: 17-4 SS PER AMS 5604/5643  
(REF DART SPEC. M17-4-B)  
MIN ULTIMATE TENSILE STRENGTH = 150 ksi  
MIN YIELD TENSILE STRENGTH = 100 ksi
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS  
OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.015
- 6) ENGRAVE DART P/N & LOGO IN AREAS SHOWN
- 7) HOLE IN SPIGOT TO BE CONCENTRIC WITHIN 0.005

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| DATE<br>07.11.07 | TITLE<br>BRACKET ASSEMBLY |                                                   | SCALE<br>1:2            |



**D3121-115 BRACKET (SHOWN)**

**D3121-116 BRACKET (OPPOSITE)**

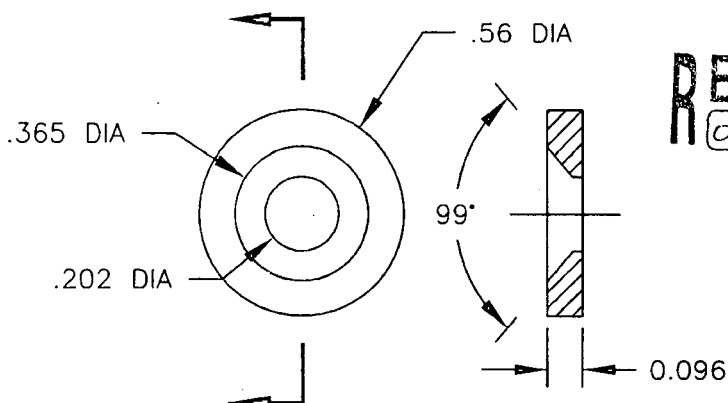
- 1) D3121-115 REPLACES PREMIER P/N B32-23001-15  
D3121-116 REPLACES PREMIER P/N B32-23001-16
- 2) MATERIAL: 17-4 SS PER AMS 5604/5643  
(REF DART SPEC. M17-4-B)  
MIN ULTIMATE TENSILE STRENGTH = 150 ksi  
MIN YIELD TENSILE STRENGTH = 100 ksi
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.015
- 6) ENGRAVE DART P/N & LOGO IN AREAS SHOWN
- 7) HOLE IN SPIGOT TO BE CONCENTRIC WITHIN 0.005

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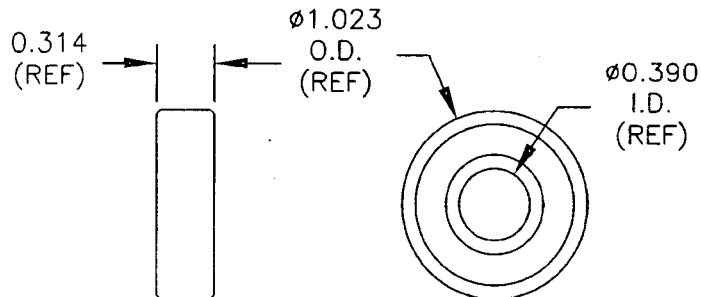


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| DATE<br>07.11.07 | TITLE<br>BRACKET ASSEMBLY |                                                   | SCALE<br>1:1             |



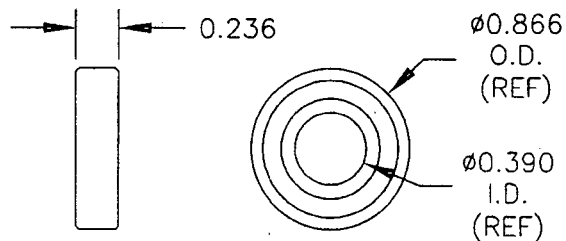
#### **D3121-17 WASHER (SCALE 2:1)**

- 1) REPLACES PREMIER P/N B32-23001-17
- 2) MATERIAL: AISI 303 SS ROUND BAR, ANNEALED  
(REF DART SPEC. M303R)
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.015



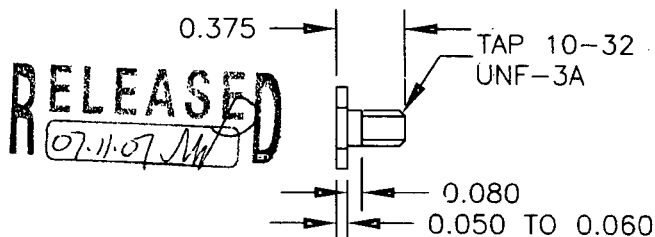
#### **D3121-19 BEARING (SCALE 1:1)**

- 1) POSSIBLE SUPPLIER: KING BEARING P/N 6000-2ZJ/EM  
FAFNIR P/N 9100KDD
- 2) ALL DIMENSIONS ARE IN INCHES



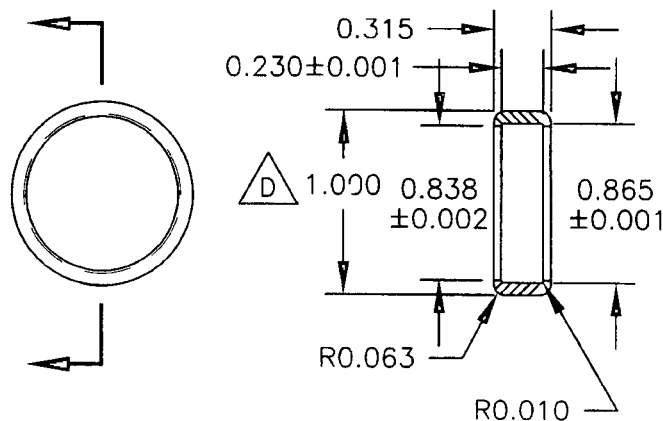
#### **D3121-23 BEARING (SCALE 1:1)**

- 1) POSSIBLE SUPPLIER: SKF P/N 61900-2Z  
OR KML P/N 6900-ZZ
- 2) ALL DIMENSIONS ARE IN INCHES



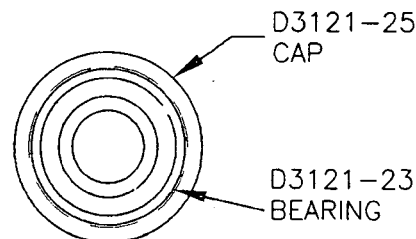
#### **D3121-21 BOLT (SCALE 1:1)**

- 1) MATERIAL: AISI 303 SS HEX, ANNEALED  
(REF DART SPEC. M303H0.500)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.015



#### **D3121-25 CAP (SCALE 1:1)**

- 1) MATERIAL: DELRIN ROD,  $\phi 1.25$   
(REF DART SPEC. M-DELIN-R1.250)
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES



#### **D3121-241 BEARING ASSEMBLY (SCALE 1:1)**

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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO29488**

Purchase Order Date 8/17/2015 3:07:17 PM

PO Print Date 8/17/2015

Page Number 1 of 1

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VC-MAI001

**Ship To :** DART AEROSPACE LTD

MAIN INDUSTRIAL SALES LTD.  
1475, TESSIER  
HAWKESBURY, ON K6A 3S6  
CA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**

**Contact Name**

**Vendor Phone** 613 632 3595

**Ship To Contact**

**Ship To Phone**

**Ship Via:** Yours ppd

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms** Net 30

**Currency** CAD

**FOB** FCA - (Free Carrier)

| Line Nbr    | Reference<br>Vendor Part Number<br>Line Comments<br>Delivery Comments                                                                                                                                          | Description/<br>Mfg ID         | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended<br>Price |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|----|--------------------------------|---------------|-------------------|
| 1           | 6900ZZ                                                                                                                                                                                                         | Bearing                        | 8/20/2015<br>Yes<br>8/19/2015        |    | 100.00<br>Each                 | \$1.62        | \$162.00          |
|             | AS PER DWG D3121 REV. E<br>B135527                                                                                                                                                                             |                                |                                      |    |                                |               |                   |
| Line Total: |                                                                                                                                                                                                                |                                |                                      |    |                                |               | \$162.00          |
| 2           | 71401-45                                                                                                                                                                                                       | PROCUREMENT<br>QUALITY CLAUSES | 8/17/2015<br>No<br>8/17/2015         |    | 1.00                           | \$0.00        | \$0.00            |
|             | PROCUREMENT QUALITY CLAUSES<br>A005 RIGHT OF ENTRY<br>A016 PERSONNEL QUALIFICATION<br>A026 CERTIFICATION OF MATERIAL CONFORMANCE<br>A040 NOTIFICATION OF QUALITY ESCAPE<br>A043 RETENTION OF QUALITY DOCUMENTS |                                |                                      |    |                                |               |                   |
| Line Total: |                                                                                                                                                                                                                |                                |                                      |    |                                |               | \$0.00            |
| PO Total:   |                                                                                                                                                                                                                |                                |                                      |    |                                |               | \$162.00          |

**Note:** Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Change Nbr: 1

Change Date: 8/17/2015

# MAIN INDUSTRIAL SALES LTD.

1475 TESSIER ST.  
HAWKESBURY ON K6A 3S6  
Phone: (613) 632-3595 Ext. Fax: (613) 632-0262  
sales@mainindustrialsales.com

## Packing Slip

DATE August 18, 2015  
NUMBER 0000183757  
CUSTOMER NO. DART

**BILL TO:**

DART AEROSPACE LTD.  
1270 ABERDEEN ST.  
HAWKESBURY ON K6A 1K7

**SHIP TO:**

DART AEROSPACE LTD.  
1270 ABERDEEN ST.  
HAWKESBURY ON K6A 1K7

(613) 632-5200 Ext.

(613) 632-5200 Ext.

| P.O. NUMBER                                            | SALESPERSON       | ORDER DATE  | REQ. DATE | ORDER NUMBER |
|--------------------------------------------------------|-------------------|-------------|-----------|--------------|
| 29488                                                  | EB                | 18-Aug-15   |           | 0000183757   |
| F.O.B.                                                 | SHIP VIA          | TERMS       |           |              |
| F.O.B. value                                           | OUR TRUCK / LOCAL | NET 30 DAYS |           |              |
| PART NUMBER                                            | LOCATION          | UOM         | QUANTITY  |              |
| DESCRIPTION                                            |                   |             | REQ.      | SHIPPED B.O. |
| 0-69002ZKML<br>KML BALL BEARING<br>YOUR PART #: 6900ZZ | 6D6               | EA          | 100       | 100 ✓        |

0915-08-18

CERTIFICATE OF COMPLIANCE

RE: 6900-ZZ BEARING

To Whom It May Concern:

Our bearing rings and balls are made of high carbon chromium steel GCr15 which has a chemical composition equivalent to SAE 52100. The hardness of bearing rings is HRC 59-64 and HRC 60-65 for steel balls. Unless specify, bearings are 25-30% filled with Alvania No. 2 grease or Chevron SRI#2 grease or equivalent.

Stella Fan  
Phone: 905-629-4255  
Fax: 905-629-2358

The logo for SMART SUPPLIES features the word "SMART" in a bold, sans-serif font above the word "SUPPLIES" in a similar font. Above the letter "A" in "SMART", there are three curved lines of varying lengths, resembling a stylized fan or a signal antenna.

**SMART  
SUPPLIES**